For Office Use	Permit #:	Issue Date	☐ \$45
		Expiration Date:	\$12 for each additional day

Application For Barber Demonstration Permit Iowa Department of Public Health/Bureau of Professional Licensure

THIS APPLICATION AND FEE(S) MUST BE SUBMITTED AT LEAST 30 DAYS BEFORE THE DATE OF INTENDED USE.

PLEASE PRINT						
1	2.					
1.	Last Name 2. Barber Practitioners License Number					
3.	First and Middle Name					
1						
••	Street Address City, State, Zip Code					
5.	6 7					
	Daytime Phone (Including Area Code) 6. Date of Birth 7. Social Security Social Security	y Number	*			
8.	Email Address 9. If any of your documentation is in a name other than your current name, list the previous					
	Email Address If any of your documentation is in a name other than your current name, list the previous	names f reco	ord.			
	record. Have you: Been convicted, found guilty of or entered a plea of guilty or no contest to a felony or misdemeanor crime er than minor traffic violations with fines under \$500)?	Yes	No			
2.]	Had any judgments or settlements paid on your behalf as a result of a malpractice suit or claim against you?	Yes	No			
3. Been investigated by a licensing, registration, or certification authority or organization; or had a licensing, registration, or certification authority or organization institute disciplinary action against you related to your professional practice? (If the investigation or action was instituted by this licensing board you may answer NO" to this question).						
4. Been disciplined or sanctioned by any licensing, registration, or certification authority or organization elated to your professional practice? (If this licensing board took the disciplinary action, you may answer "NO" o this question).						
5. Developed a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? (If you are currently a participant in the Impaired Practitioner Review Committee, you may answer "NO" to this question.)						
6. Been engaged in illegal or improper use of drugs or other chemical mood altering substances? (If you are urrently a participant in the Impaired Practitioner Review Committee, you may answer "NO" to this question.)						

If the answer to any of the above questions is yes, please give details on a separate sheet.

I certify that I have carefully read the questions on this application and have answered them completely and truthfully. I declare under penalty of perjury that my answers, and all other statements or information submitted by me in this application process, are true and correct. If it is determined at any time that I have provided misleading or false information on or in support of this application, I understand that my application may be denied or that I may be subject to disciplinary action and criminal prosecution if I am already licensed.

I understand that I am required to update answers or information submitted herewith if the response or the information changes during the time period the application is pending. I also understand that this application is a public record in accordance with Iowa Code, Chapter 22 and that

application information is public information, su to any reasonable inquiry that may be necessary t		law. Finally in submitting this application, I consent on or in conjunction with this application.
license denial. Disclosure of your social security	number is required by IAC 64514.1 & pliance of student loan repayment, for red	lure to provide mandatory information will result in 15.1. The number will be used in connection with the questing and reviewing criminal history information,
14		
14Applicant sign here in ink	Date	
The Iowa Board of Barbering may issue barbering to the public. The Board shall		sed barber for the purpose of demonstrating me the temporary permit is valid.
PERMITS ARE TO BE POSTED AT THAS STATED IN IOWA CODE CHAPTE		SER SUBJECT TO ALL LAWS AND RULES FIVE CODE CHAPTER 21.7(158).
 must be stated on the pern The completed application A demonstrator permit is 		
15. State the location at which permit will	be used and include the full address:	
	Event Location	
	Street Address	
	City, State, Zip Code	<u> </u>
16. State the purpose of this permit:		
17. Date(s) this permit is to be used:		
	Beginning (MM/DD/YY)	Ending (MM/DD/YY)
18. Total amount submitted: day. Make check or money order payable to		5 for the first day plus \$12 for each additional
		ink. No application is considered complete until Applications are evaluated based solely on the

An applicant who has been denied licensure by the board may appeal the denial and request a hearing on the issues related to the licensure denial by serving a notice of appeal and request for hearing upon the board not more than 30 days following the date of mailing of the notification of licensure denial to the applicant. The request for hearing shall specifically delineate the facts to be contested at hearing.

Mail the completed original application, not a photocopy to:

Iowa Board of Barbering Iowa Department of Public Health Bureau of Professional Licensure Lucas State Office Building, 5th Floor 321 East 12th Street Des Moines, IA 50319-0075 www.idph.state.ia.us/licensure